CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to com	nplete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed	:
3 CANDIDATE / OFFICEHOLDER	Гтото	FIRST	MI	OFFICE (JSE ONLY
NAME	Ms Emma			Date Received	
	NICKNAME	LAST	SUFFIX		
	Acosta			1/15/2015 2	:43:32 PM
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT/SU	ITE#; CITY;	STATE; ZIP CODE		
MAILING	8904 WH Burges			Date Hand-delivered or	Postmarked
ADDRESS change of address					T.
5 CANDIDATE/	AREA CODE PHONE	NUMBER	EXTENSION	Receipt #	Amount
OFFICEHOLDER PHONE	(915) 731-	2020		Date Processed	
6 CAMPAIGN	,	FIRST	MI	Date Imaged	
TREASURER		queta	IVII		
NAME		LAST	SUFFIX		
	Queta Fierr	0			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLE	EASE); APT/SUITE#;	CITY; STATE;	ZIP CODE	
TREASURER ADDRESS	8612 Whitus			El Paso, T	X
(residence or business)	79925				
8 CAMPAIGN	AREA CODE PHONE	NUMBER	EXTENSION		
TREASURER PHONE	(915) 778-	-0905			
9 REPORT TYPE	January 15 3	0th day before election	Runoff	15th day after of treasurer appoin	
	July 15	th day before election	Exceeded \$500	(officeholder only) Final report (Attac	ch C/OH - FR)
			limit		
10 PERIOD	Month Day Year		Month Day	Year	
COVERED	07/01/2014	THROUGH	01/01/201	5	
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE			
	Month Day Year	Primary	Runoff	General	Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	/n)	
	City Representative	District 3	N/A		
	Ony Nepresemanie		IN/A		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 ACCOUN	IT # (Ethics Commission Filers)
Ms Emma					
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	HOLDER. THESE EXPENDIT	IONS ACCEPTED OR POLITICAL EXPENDITURES M. URES MAY HAVE BEEN MADE WITHOUT THE CAN EREQUIRED TO REPORT THIS INFORMATION ONLY II	IDIDATE'S OR OF	FICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME			
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN	TREASURER NAME		
additional pages					
		COMMITTEE CAMPAIGN	NTREASURER ADDRESS		
17 CONTRIBUTION TOTALS			JTIONS OF \$50 OR LESS (OTHER THA ANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTI	RIBUTIONS ANS, OR GUARANTEES OF LOANS)	\$	4,275.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITI	URES OF \$100 OR LESS, UNLESS ITE	MIZED \$	2,906.72
	4. TOTAL	POLITICAL EXPEN	DITURES	\$	8,038.13
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTORTING PERIOD	TIONS MAINTAINED AS OF THE LAST	DAY \$	4,364.81
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT C AY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS OF IG PERIOD	THE \$	
18 AFFIDAVIT					
			I swear, or affirm, under penalty of is true and correct and includes a me under Title 15, Election Code.	II information	
				nically Certifie	
			Signature of Car	ndidate or Off	ficeholder
A FEW MOTA BY OTAN	ID (054) ADOVE				
AFFIX NOTARY STAM			Emma Acosta		
Sworn to and subs					, this the
day	of January	, 20 13	_ , to certify which, witness	my hand a	and seal of office.
	Syl	via Martinez			
Signature of officer admi	inistering oath	Printed name	of officer administering oath	Title of	officer administering oath

Revised 09/28/2011 www.ethics.state.tx.us

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME Emma Acos	ita		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#: Marta Duron Hernandez)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/18/2014	6 Contributor address; City; State; Zip Code 10004 Saigon		25	
9 Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor ut-of-state PAC (ID#:_ Richard P. (Dusty) Henson & Bonnie	e J. Henson	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/20/2014	Contributor address; City; State; Zip Code 6926 Gateway East		100	
			(If travel outside of	l of Texas, complete Schedule T)
Principal occup Owner	pation / Job title (See Instructions)	Employer (See I Saddleblanke		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/20/2014	Contributor address; City; State; Zip Code 5105 Thorton Street		100	
			(If travel outside	of Texas, complete Schedule T)
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor uut-of-state PAC (ID#:_ Olivas Family Trust)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/20/2014	Contributor address; City; State; Zip Code 240 Thunderbird Dr		100	
			(If travel outside	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/20/2014	Suzanne Azar Contributor address; City; State; Zip Code 2424 Altura Ave		100	·
			`	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME Emma Acos	sta		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
. 24.0	out of state 1710 (IBII.		contribution (\$)	description (if applicable)
	Melanie K Wayne & George C Wayr	ne		I I
11/20/2014	6 Contributor address; City; State; Zip Code 5595 Westside Dr		200	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/20/2014	Contributor address; City; State; Zip Code 9012 McFall		200	 - -
Dringinglaggur	potion / Joh title (Coe Instructions)	Franksyar (Cas I		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of contributor uut-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/20/2014	Contributor address; City; State; Zip Code		200	
	PO Box 55			(-
Dringinglaggur	potion / Joh title (Coe Instructions)	Franksyar (Cas I		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	ristructions)	
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
	Richard V. Teschner		contribution (\$)	description (if applicable)
11/20/2014			250	I I
	1800 N. Stanton Apt 302			
				l
Dringing aggur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Рппсіраї оссир	pation / Job title (See instructions)	Employer (See I	mstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Gerald Rubin		contribution (\$)	description (if applicable)
11/20/2014	Contributor address; City; State; Zip Code		250	
	538 Laurel Canyon			
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Filiopal occup	oauon / Job uue (Gee manucuons)	Employer (See I	matructions)	

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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME Emma Acos	ıta		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
- Duic	Delgado Acosta		contribution (\$)	description (if applicable)
11/20/2014	6 Contributor address; City; State; Zip Code 121 Paragon Land Bldg		250	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		,
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/20/2014	Contributor address; City; State; Zip Code 937 Totonaca Ln		250	
			(If travel outside	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		,
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/20/2014	Contributor address; City; State; Zip Code		250	 -
	7337 Dale Rd		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
	Randall J Bowlin		contribution (\$)	description (if applicable)
11/20/2014	Contributor address; City; State; Zip Code 4665 Cohen		500	
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	,	,
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
	Robert L Bowling IV		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
11/20/2014	457 San Clemente		500	
	437 Jan Olemente			
			•	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	

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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME Emma Acos	ita		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#: El Paso Auto Dealers Assoc)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
11/20/2014	6 Contributor address; City; State; Zip Code 6055 Alameda		1000	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor uut-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			 -
			(If travel outside o	r - Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		, , , , , , , , , , , , , , , , , , , ,
			T	
Date	Full name of contributor uut-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	·	,
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside (of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	•	ooxao, complete conedule 1)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

PLEDGED	CONTRIBUTIONS			SCHEDULE B
The Instruc	tion Guide explains how to complete this	s form.	1 Total pages School	edule B:
2 FILER NAME Emma Acosta			3 ACCOUNT # (E	thics Commission Filers)
4 TOTAL OF	JNITEMIZED PLEDGES:	$\Rightarrow \Rightarrow \Rightarrow$	$\Rightarrow \Rightarrow$	\$
5 Date 6 Fu	I name of pledgor ut-of-state PAC (ID#:)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Ple	dgor address; City; State; Zip Code			 -
10 Principal occupation /	Job title (See Instructions)	11 Employer (See I		of Texas, complete Schedule T)
Date Fu	I name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
 Ple	edgor address; City; State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
Principal occupation /	Job title (See Instructions)	Employer (See II	nstructions)	
Date Fu	I name of pledgor ut-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
Ple	edgor address; City; State; Zip Code			
			(If travel outside of	of Texas, complete Schedule T)
Principal occupation /	Job title (See Instructions)	Employer (See II	nstructions)	
Date Fu	I name of pledgor ut-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
 Ple	edgor address; City; State; Zip Code			
			(If travel outside of	of Texas, complete Schedule T)
Principal occupation /	Job title (See Instructions)	Employer (See I	nstructions)	
Date Fu	Il name of pledgor uut-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
Ple	odgor address; City; State; Zip Code			 - -
			(If travel outside	of Texas, complete Schedule T)
Principal occupation /	Job title (See Instructions)	Employer (See II	nstructions)	
If contribu	ATTACH ADDITIONAL COPIES (tor is out-of-state PAC, please see instr			requirements.

LOANS				SCHEDULE E
The	Instruction Guide explains how to compl	lete this form.	1 Total pa	ges Schedule E:
2 FILER NAME Emma Acosta			3 ACCOU	NT # (Ethics Commission Filers)
4 TOTA	L OF UNITEMIZED LOANS:	÷ ÷ ÷ ÷ ;	⇒	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
				11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll	ateral	15 Check if personal funds were	deposited	into political account
none				
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S	State; Zip Code		
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	,	
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
Is lender a financial	Lender address; City; State;			Interest rate
Institution?				Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal funds were	deposited	into political account
none				
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code		
Principal Occupat	ion (See Instructions)	Employer (See Instructions)		
If len	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr	SOF THIS SCHEDULE AS NEE uction guide for additional rep		quirements.

SCHEDULE F

POLITICAL	EXPENDITURES		5	CHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees 1 Total pages Schedule F:	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	CATEGORIES FOR BOX Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete this	Loan Repayment/Reim Transportation Equipm Contributions/Donation Candidate/Officehol OTHER (enter a category s form.	ent & Related Expense s Made By der/Political Committee
4 Date 10/01/2014 6 Amount (\$) 1267	5 Payee name Courtyard by Marriott	te; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of Travel		otion (If travel outside of Texas, co	mplete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH Emma Acosta	Office so	ought	Office held
Date 10/01/2014 Amount (\$) 886.86	Payee name Hilton Hotel Payee address; City; Star Houston, TX	te; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Travel	TML Co	otion (If travel outside of Texas, co	·
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office so	ought	Office held
Date	Payee name			

08/02/2014	El Paso Baseball	
Amount (\$)	Payee address; City; State; Zip Code	
482.33	El Paso Tx	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food/Beverage	Food/Beverage
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held

08/08/2014	Cash	
Amount (\$)	Payee address; City; State; Zip Code	
100	Various Parks	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	Payment to Volunteer

Complete ONLY if direct expenditure to benefit C/OH

Date

Candidate / Officeholder name

Payee name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

	The instruction Guide explains now to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
5	Emma Acosta		
1 Date 07/31/2014	5 Payee name Cash		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
,	Various Parks		
100			
B PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	avel outside of Texas, complete Schedule T)
EXPENDITURE	Event Expense	Payment to V	/olunteers
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
06/30/2014	Various		
Amount (\$)	Payee address; City; State; Zip Code		
100	various parks		
100			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	event expense	Payment to v	rolunteers
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
12/12/2014	Walgreens		
Amount (\$)	Payee address; City; State; Zip Code		
106.63	Gateway W		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Gifts	Gifts for Kids	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
12/18/2014	Famous Daves		
Amount (\$)	Payee address; City; State; Zip Code		
119.62	Airway		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food/Bev - event	Food/Bevera	ge Meeting
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

P.O. Box 12070

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

Emma Acosta 4 Date 6 Anount (\$) 7 Payee address; City; State; Zip Code 150 8 PURPOSE CAPENDITURE 9 Complete QNLY if direct expenditure to benefit C/OH PURPOSE OF EXPENDITURE Payee name Expenditure to benefit C/OH Candidate / Officeholder name Office sought Description (if travel outside of Texas, complete Schedule T) Fees Posper name Ismael Enriquez Amount (\$) Payee name Expenditure to benefit C/OH Candidate / Officeholder name Office sought Description (if travel outside of Texas, complete Schedule T) Fees Purpose Ferenditure to benefit C/OH Candidate / Officeholder name Office sought Description (if travel outside of Texas, complete Schedule T) Loan Repayment Office held Office sought Office held Office sought Office held Description (if travel outside of Texas, complete Schedule T) Loan Repayment Office held Description (if travel outside of Texas, complete Schedule T) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Description (if travel outside of Texas, complete Schedule T) Ciffts Candidate / Officeholder name Office sought Office held Description (if travel outside of Texas, complete Schedule T) Gifts Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name Amount (\$) Payee name		The Instruction Guide explains how to	complete this form.	
4 Date 08/31/2014				3 ACCOUNT # (Ethics Commission Filers
Description (if travel outside of Texas, complete Schedule T)				
The paper and th				
Amount (\$) Payee name EI Paso Baseball Amount (\$) Payee name EI Paso EI Paso Base Baseball Amount (\$) Payee name EI Paso	08/31/2014	Executive Forum		
Amount (\$) Payee name Candidate / Office holder name Office sought Category (See categories listed at the top of this schedule) Payee name Ismael Enriquez Payee address; City; State; Zip Code El Paso TX Candidate / Office holder name Office sought Office sought Office held	Amount (\$)	7 Payee address; City; State; Zip Code		
Fees	150			
Date ONLY if direct expenditure to benefit C/OH Payee name Ismael Enriquez Amount (\$) Payee name Office sought Payee name Ismael Enriquez Purpose OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Date Date Date ONLY if direct expenditure to benefit C/OH Payee name Office sought Office held Payee name Office sought Office held Payee name EI Paso Baseball Amount (\$) Payee address; City; State; Zip Code EI Paso Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Date Date Date Date EI Paso Baseball Porpose OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Gifts Gifts Candidate / Office holder name Office sought Office held Description (If travel outside of Texas, complete Schedule T) Gifts Gifts Candidate / Office holder name Office sought Office held Payee name Payee name Payee name Office sought Office held Payee name Payee name Office sought Office held Payee name Payee name Office sought Office held	B PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trans	vel outside of Texas, complete Schedule T)
Date Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Loan Repayment			Fees	
Amount (\$)			Office sought	Office held
Amount (\$) Payee address; City; State; Zip Code EI Paso TX PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date OF EXPENDITURE Payee address; City; State; Zip Code Candidate / Officeholder name Office sought Office sought Office held Description (If travel outside of Texas, complete Schedule T) Loan Repayment Office sought Office held Office held Office held Description (If travel outside of Texas, complete Schedule T) Office held Date OF EXPENDITURE Candidate / Officeholder name Office sought Office held Description (If travel outside of Texas, complete Schedule T) Office held Office sought Office held Description (If travel outside of Texas, complete Schedule T) Office held Office held Payee address; City; State; Zip Code Figure 10/03/2014 Payee name Hilton Cafe Amount (\$) Payee address; City; State; Zip Code	Date	Payee name		
Amount (\$) Payee address; City; State; Zip Code EI Paso TX PURPOSE OF EXPENDITURE Candidate / Officeholder name Office sought Category (See categories listed at the top of this schedule) Date OBM/02/2014 Amount (\$) Payee address; City; State; Zip Code EI Paso Baseball Purpose OF EXPENDITURE Category (See categories listed at the top of this schedule) Date OBM/02/2014 Payee address; City; State; Zip Code EI Paso Category (See categories listed at the top of this schedule) OFfice sought Description (If travel outside of Texas, complete Schedule T) OFfice held Description (If travel outside of Texas, complete Schedule T) OFfice sought Office sought Office held Payee address; City; State; Zip Code EI Paso OFfice sought Office held Payee name Hilton Cafe Amount (\$) Payee address; City; State; Zip Code	07/22/2014	Ismael Enriquez		
PURPOSE OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Purpose OF EXPENDITURE Candidate / Officeholder name Office sought Office sought Office held Office held Date OBSC/02/2014 For Expenditure to benefit C/OH Payee name El Paso Baseball Amount (\$) Payee address; City; State; Zip Code El Paso Gifts Category (See categories listed at the top of this schedule) OFfice sought Description (If travel outside of Texas, complete Schedule T) Gifts Office held Description (If travel outside of Texas, complete Schedule T) OF EXPENDITURE Category (See categories listed at the top of this schedule) OF EXPENDITURE Candidate / Officeholder name Office sought Office held Date Payee name Hilton Cafe Amount (\$) Payee address; City; State; Zip Code	Amount (\$)			
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date OFFENDITURE Payee name EI Paso Baseball Amount (\$) PURPOSE OFFENDITURE Category (See categories listed at the top of this schedule) Payee address; City; State; Zip Code EI Paso Category (See categories listed at the top of this schedule) Office sought Office held Description (If travel outside of Texas, complete Schedule T) Office held Description (If travel outside of Texas, complete Schedule T) Office held Office sought Office held Description (If travel outside of Texas, complete Schedule T) Office held Office held Date Payee name Hilton Cafe Amount (\$) Payee address; City; State; Zip Code	4500	El Paso TX		
Complete ONLY if direct expenditure to benefit C/OH Date Payee name 808/02/2014	1500			
Complete ONLY if direct expenditure to benefit C/OH Date Payee name El Paso Baseball Amount (\$) Payee address; City; State; Zip Code El Paso Candidate / Office held Purpose Office categories listed at the top of this schedule) Office sought Candidate / Office held Description (If travel outside of Texas, complete Schedule T) Office held Candidate / Office held Date Payee name Date Payee name Payee name Hilton Cafe Amount (\$) Payee address; City; State; Zip Code Candidate / Office held	PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
Date Payee name EI Paso Baseball Amount (\$) Payee address; City; State; Zip Code EI Paso Category (See categories listed at the top of this schedule) FEXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Date Payee name Payee name Payee name Hilton Cafe Amount (\$) Payee address; City; State; Zip Code			Loan Repaym	nent
Amount (\$) Payee address; City; State; Zip Code EI Paso Category (See categories listed at the top of this schedule) Off Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Date 10/03/2014 Payee address; City; State; Zip Code City; State; Zip Code Description (If travel outside of Texas, complete Schedule T) Gifts Office sought Office held Payee name Hilton Cafe Amount (\$) Payee address; City; State; Zip Code			Office sought	Office held
Amount (\$) Payee address; City; State; Zip Code EI Paso Category (See categories listed at the top of this schedule) Gifts Complete ONLY if direct expenditure to benefit C/OH Date Payee name Hilton Cafe Amount (\$) Payee address; City; State; Zip Code	Date	Payee name		
PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Gifts Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Date 10/03/2014 Payee name Amount (\$) Payee address; City; State; Zip Code	08/02/2014	El Paso Baseball		
PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Gifts Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name Hilton Cafe Amount (\$) Payee address; City; State; Zip Code	Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Gifts Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name Hilton Cafe Amount (\$) Payee address; City; State; Zip Code	000.4	El Paso		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Office held Payee name Hilton Cafe Amount (\$) Payee address; City; State; Zip Code	368.1			
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Office held Payee name Hilton Cafe Amount (\$) Payee address; City; State; Zip Code	PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH Date Payee name Hilton Cafe Amount (\$) Payee address; City; State; Zip Code	OF		Gifts	
Date Payee name 10/03/2014 Hilton Cafe Amount (\$) Payee address; City; State; Zip Code	EXPENDITURE			
10/03/2014 Hilton Cafe Amount (\$) Payee address; City; State; Zip Code			Office sought	Office held
Amount (\$) Payee address; City; State; Zip Code	Date	Payee name		
	10/03/2014			
	Amount (\$)	Payee address; City; State; Zip Code		
122.35	122.35			
PURPOSE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)	PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE FOOd/Beverage TML Conf Food/Beverage TML Conf	OF	Food/Beverage TML Conf	Food/Beverag	ge TML Conf
Complete ONLY if direct			Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED
A INCHASSING AND INCOMESSES AND RELEASE		AT INCHASSITIONAL COLLEGIO TITIO	JULIE OLL AUTEL	

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

	The Instruction Guide explains how to	complete this form.	
1_Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
5	Emma Acosta		
4 Date 07/25/2014	5 Payee name Evolve FCU		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
δ Amount (\$)	El Paso		
1840			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Loan Repayment	Loan Repayn	nent
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
07/31/2014	Facebook		
Amount (\$)	Payee address; City; State; Zip Code		
108.94			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Advertising	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
12/31/2014	Paypal		
Amount (\$)	Payee address; City; State; Zip Code		
210			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fundraising Expense	Paypal Usag	е
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
11/01/2014	USPS		
Amount (\$)	Payee address; City; State; Zip Code		
133.3			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Mail out	Postage	
Complete ONLY if direct expenditure to benefit Co		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

expenditure to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense		Contributions/Don Candidate/Offi	uipment & Related Expense
	The Instruction Guid	e explains how to	complete this fo	orm.	
1 Total pages Schedule F: 5	2 FILER NAME Emma Acosta			3 ACCOUN	T # (Ethics Commission Filers)
4 Date	5 Payee name				
12/01/2014	Paysimple				
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code			
209.7					
8 PURPOSE OF	(a) Category (See categories listed at the to	op of this schedule)	(b) Description	(If travel outside of Tex	as, complete Schedule T)
EXPENDITURE	Fundraising Fees		Fundraisir	ng Fees	
9 Complete ONLY if direct expenditure to benefit C/v	Candidate / Officeholder name OH	€	Office soug	ht	Office held
Date	Payee name				
12/30/2014	Village Inn				
Amount (\$)	Payee address; City; S	tate; Zip Code			
133.3					
PURPOSE OF	Category (See categories listed at the to	pp of this schedule)	Description	(If travel outside of Tex	as, complete Schedule T)
EXPENDITURE	Food/Beverage for Mee	ting	Meeting		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name DH	e	Office soug	ht	Office held
Date	Payee name				
10/01/2014	El Paso Community Col	lege			
Amount (\$)	Payee address; City; St	tate; Zip Code			
100					
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of Tex	as, complete Schedule T)
OF EXPENDITURE	Event Expense		Event Exp	pense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name DH	Э	Office soug	ht	Office held
Date	Payee name				
Amount (\$)	Payee address; City; S	tate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description	ı (If travel outside of Tex	as, complete Schedule T)
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name	Э	Office soug	ht	Office held

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Revised 09/28/2011

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

P.O. Box 12070

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

	•	•	
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
0	Emma Acosta		
4 Date	5 Payee name		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trav	vel outside of Texas, complete Schedule T)
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEL	DED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

	The Instruction Guide explains now to	complete this form.	
1 Total pages Schedule H:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
0	Emma Acosta		
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trav	vel outside of Texas, complete Schedule T)
EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Printing Expense Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
0	Emma Acosta	
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

٦	The Instruction Guide explains how to complete this form.	1 Total pages Schedule	K: 0
FILER NAI		3 ACCOUNT # (Ethics	Commission Filers)
Date	5 Name of person from whom amount is received	8	Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	e	
	7 Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	e	
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	e	
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	e	
	Purpose for which amount is received		

P.O. Box 12070 IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: 0 The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME Emma Acosta 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E Schedule H PAC-C Schedule N COH-UC СОН-Т 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule F Schedule D Schedule G PAC-E Schedule H Schedule N COH-UC СОН-Т PAC-C Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E Schedule H Schedule N COH-UC COH-T Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

P.O. Box 12070

FORM C/OH - FR

	The Instruction Guide explains how to complete only if "Report Type" on page 1 is mark	
1 C/OH	INAME	2 ACCOUNT # (Ethics Commission Filers)
Ms I	Emma	
3 SIGN	NATURE	
report	ot expect any further political contributions or political expenditures in connection we as a final report terminates my campaign treasurer appointment. I also understance ke any campaign expenditures without a campaign treasurer appointment on file.	
		Signature of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER mplete A & B below <i>only</i> if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Che	eck only one:	
	I do not have unexpended contributions or unexpended interest or income earn	ed from political contributions.
	I have unexpended contributions or unexpended interest or income earned from not convert unexpended political contributions or unexpended interest or incom use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contribution report. Further, I understand that I must dispose of unexpended political contributions on political contributions in accordance with the requirements of Election	e earned on political contributions to personal outions and that I may not retain unexpended ons longer than six years after filing this final ributions and unexpended interest or income
В.	ASSETS	
Che	eck only one:	
	I do not retain assets purchased with political contributions or interest or other i	ncome from political contributions.
	I do retain assets purchased with political contributions or interest or other income I may not convert assets purchased with political contributions or interest or other use. I also understand that I must dispose of assets purchased with political con of Election Code, § 254.204.	income from political contributions to personal
		Signature of Candidate
_	ICEHOLDER mplete this section <i>only</i> if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an officeholder of I am also aware that I will be required to file reports of unexpended contribution officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ns if, after filing the last required report as an
		Signature of Officeholder